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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission: 7

Application Number 10/036,677

Filing Date December 21, 2001

First Named Inventor Scott Swix

Art Unit 2611

Examiner Name Bul, Kieu Oanh T.

Attorney Docket Number BS01421

ENCLOSURES

(Check all that apply)

☒ Fee Transmittal Form☒ Fee Attached☐ Amendment/Reply☐ After Final☐ Affidavits/declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☒ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Response to Missing Parts/Incomplete Application☐ Response to Missing Parts under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a Provisional Application☐ Power of Attorney, Revocation Change of correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s)☐ After Allowance Communication to Group☐ Appeal Communication to Board of Appeals and Interferences☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☐ Other Enclosure(s) (please identify below):

Remarks:

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (Print/Type)

Bambi Faivre Walters

Reg. No.: 45,197

Signature

Bambi Faivre Walters

Date

9/16/05

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (Print/Type)

Maureen M. Pettine

Date

09/20/2005

Signature

Maureen M. Pettine

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SEP 20 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Scott Swix, et al.

Group Art Unit: 2611

Application No.: 10/036,677

Examiner: Bui, Kieu Oanh T.

Filed: December 21, 2001

Title: "Method and System for Managing Timed Responses to A/V Events in Television Programming"

VIA FACSIMILE 571-273-8300

Attn: Examiner Bui, Kieu Oanh T.

37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on: 09/20/2005 (date of transmission).Maureen M. Pettine

Name of Person Faxing This Paper

Maureen M. Pettine

Signature

September 20, 2005

Date of Transmission

09/21/2005 TL0111

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INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Form PTO 1449 (p. 1).

This Information Disclosure Statement is being submitted after the mailing of a first Office Action in this application and therefore, the certification fee is believed to be required (37 CFR § 1.97b(3)).

It is respectfully requested that the references listed on the attached form be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,



Bambi F. Walters
Attorney for Applicants
Registration No. 45,197
P. O. Box 5743
Williamsburg, VA 23188
Telephone: 757.253.5729

Date: 9/16/05

SEP 20 2005 12:59PM WALTERS

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SEP 20 2005

FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

| | |
|----------------------|-------------------|
| Application Number | 10/036,677 |
| Filing Date | December 21, 2001 |
| First Named Inventor | Scott Swix |
| Examiner Name | Bui, Kieu Oanh T. |
| Art Unit | 2611 |
| Attorney Docket No. | BS01421 |

TOTAL AMOUNT OF PAYMENT **\$180.00**

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other
☐ Deposit Account Deposit Account No. 19-2167

Deposit Account Name:

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☐ Charge fee(s) indicated below, except for the filing fee
☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|---------------------------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |
| Total Claims | | |
| - 20 or HP = _____ | Extra Claims | Fee (\$) |
| | x _____ | Fee Paid (\$) |
| | = _____ | |
| | Multiple Dependent Claims | |
| | Fee (\$) | Fee Paid (\$) |
| | _____ | _____ |

HP=highest number of independent claims paid for, if greater than 3.

| | | | |
|-------------------|--------------|----------|---------------|
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| - 3 or HP = _____ | x _____ | | |
| | = _____ | | |

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | |
|---------------|--------------|--------------------|---------------|
| Total Sheets | Extra Sheets | Fee (\$) | Fee Paid (\$) |
| - 100 = _____ | / 50 | (round up) x _____ | |
| | | = _____ | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Supplemental IDS

\$180.00

SUBMITTED BY:

| Name (Print/Type) | | | Complete (if applicable) | | |
|-------------------|-------------------------|--------|--------------------------|----------------|--|
| Bambi F. Walters | Registration No. | 45,197 | Telephone: | (757) 253-5729 | |
| | (Attorney/Agent) | | | | |
| Signature | <i>Bambi F. Walters</i> | Date | 9/16/05 | | |

SEP 20 2005

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FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number 10/036,677
Filing Date December 21, 2001
First Named Inventor Scott Swix
Examiner Name Bui, Kieu Oanh T.
Art Unit 2611
Attorney Docket No. BS01421

TOTAL AMOUNT OF PAYMENT **\$180.00**

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☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other
☐ Deposit Account Deposit Account No. 19-2167

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| | FILING FEES | | | SEARCH FEES | | EXAMINATION FEES | | |
|------------------|-------------|-----------------------|----------|-----------------------|----------|-----------------------|----------------|--|
| Application Type | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ | |
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| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ | |

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| Multiple dependent claims | 360 | 180 |
| Total Claims | | |
| - 20 or HP = | x | |
| Fee Paid (\$) | | |
| Multiple Dependent Claims | | |
| Fee (\$) | | Fee Paid (\$) |

HP= highest number of independent claims paid for, if greater than 3.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
| - 3 or HP = | x | | |

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| - 100 = | / 50 | (round up) x | |

4. OTHER FEE(S)

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\$180.00

SUBMITTED BY:

| Name (Print/Type) | Registration No. (Attorney/Agent) | Complete (If applicable) | Telephone: |
|-------------------------|-----------------------------------|--------------------------|----------------|
| Bambi F. Walters | 45,197 | | (757) 253-5729 |
| Signature | Date | | |
| <i>Bambi F. Walters</i> | 9/16/05 | | |

PTQ/SB/08A (08-00)

Approved for use through 10/31/2002. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Complete if Known

| | |
|------------------------|-------------------|
| Application Number | 10/036,677 |
| Filing Date | December 21, 2001 |
| First Named Inventor | Scott Swix et al. |
| Group Art Unit | 2611 |
| Examiner Name | Bui, Kieu Oanh T. |
| Attorney Docket Number | BS01421 |

(use as many sheets as necessary)

| | | | |
|-------|---|----|---|
| Sheet | 1 | of | 1 |
|-------|---|----|---|

Date Considered

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**